COMMUNITY HEALTH RESOURCES COMMISSION

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Presented to: Women's Caucus

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BACKGROUND ON THE CHRC



- The Community Health Resources Commission (CHRC) was created by the Maryland General Assembly in 2005 to expand access for low-income Marylanders and underserved communities.
- Priorities and areas of focus include:
 - Increase access to primary and specialty care through grants to community health resources (not regulatory function)
 - Promote projects that are innovative, sustainable, and replicable
 - Build capacity of safety net providers to serve more residents
 - Address social determinants of health and promote health equity

BACKGROUND ON THE CHRC



- The CHRC is an independent agency operating within the Maryland Department of Health.
- Eleven Commissioners of the CHRC are appointed by the Governor. There is currently one vacancy on the Commission.

Allan Anderson, M.D., CHRC Chairman

Elizabeth Chung, Executive Director, Asian American Center of Frederick

Scott T. Gibson, Vice President of Human Resources, Melwood Horticultural Training Center, Inc.

J. Wayne Howard, Former President and CEO, Choptank Community Health System, Inc.

Surina Jordan, PhD, Zima Health, LLC, President and Senior Health Advisor

Barry Ronan, President and CEO, Western Maryland Health System

Erica I. Shelton, M.D., Assistant Professor, Johns Hopkins University School of Medicine, Department of Emergency Medicine

Carol Ivy Simmons, PhD, Clinical Director, International Association of Firefighters Center of Excellence

Julie Wagner, Vice President of Community Affairs, CareFirst BlueCross BlueShield

Anthony C. Wisniewski, Esq., Chairman of the Board and Chief of External and Governmental Affairs, Livanta LLC

IMPACT OF CHRC GRANTS



The CHRC has awarded 205 grants totaling \$63.4 million.

- \$63.4 million has leveraged more than **\$21.4 million** in **additional** resources.
- CHRC has supported programs in all 24 jurisdictions.
- Programs have collectively served more than 398,000
 Marylanders. Most residents have complex health and social service needs, and many are super utilizers of hospital and EMS systems.
- Grantees include FQHCs, local health departments, free clinics, and outpatient behavioral health providers.

WOMEN'S HEALTH GRANTS



- CHRC has awarded 22 grants totaling \$4.1 million to support women's health, serving more than 16,000 individuals, in urban, suburban, and rural communities.
- Three types of grants supporting women's heath:
 - 1. Expanding access to **comprehensive women's health services** to ensure that women are healthier at the time of conception.
 - Expanding access to prenatal care services to ensure earlier entry into risk-appropriate prenatal care and case management programs.
 - Providing postpartum care after delivery to ensure comprehensive, high-quality follow-up care for mother and infant.

MEASURING THE IMPACT



CHRC-funded programs have sought to

- 1. Medium term increase the
 number of
 pregnant women
 receiving care in
 the first trimester;
- 2. Longer term increase babies
 born full term;
 reduce low-birth
 weight babies;
 and reduce infant
 mortality.

Output	SHIP Focus Area(s) & Measure(s): Health Beginnings - Infant death rate, Low birthweight babies, Early prenatal care	Data Source	Total (Reporting Period #1 + #2)	Reportin Period #. (July 1, 2 December 31, 2017)
1a) # of unduplicated pregnant women referred by Pregnancy Engagement Specialists		eClinical Works	162	68
1b) # of unduplicated pregnant women referred by hospital		eClinical Works	0	1
1c) # of unduplicated pregnant women referred by Pregnancy Engagement Specialists that are served by program		eClinical Works	162	68
1d) # of unduplicated pregnant women referred by hospital that are served by program		eClinical Works	0	1
1e) # of unduplicated women served (1c+1d)		eClinical Works	162	68
2a) # of women referred to clinical prenatal services		eClinical Works/HCAM Insight database	5	37
2b) # of women referred to home visiting services		eClinical Works	63	18
2c) # of women that keep follow up appointments with prenatal health provider		eClinical Works/HCAM Insight database	59	48

CHRC GRANTS-EXAMPLES





"CenteringPregnancy" program brings women into comfortable group setting and creates opportunities for providers to address socioeconomic, behavioral health, or health risk factors that may impact prenatal health. CHRC funding supported a RN and community health worker, serving 770 patients in 2016 and resulting in 407 births, 92% of which were full term. Only 6.8% of babies born to participants were at low birthweight, a rate 26% lower than that of the county overall (9.2%).



"Project Phoenix" provides SUD treatment services, including medications, and addresses social determinants of health. Over two-year period, served 517 individuals and saw average number of ED visits drop 60%, from 1.57 to 0.63 visits per participant. Calvert Memorial Hospital has indicated financial support to continue the program in light of the reduction in avoidable hospital costs. Another program, Healthy Beginnings, achieved \$3M in Medicaid savings via reduced NICU stays.

FY 2018 CALL FOR PROPOSALS



- Three strategic priorities:
 - 1. Preserving or enhancing the state's ability to **serve vulnerable populations** regardless of insurance status
 - Promoting health equity by reducing health disparities and addressing the social determinants of health
 - Supporting community-based programs that are innovative, sustainable, and replicable
- Generated 46 proposals totaling \$18.9 million (\$2.3 million is available in FY 2018).
- Call for Proposals included 3 types of projects:
 - 1. Essential Services, including women's health and dental care
 - 2. Behavioral Health, including SUD treatment services
 - 3. Obesity and Food Security
- CHRC awarded 15 grants totaling \$3.0 million in FY 2018.